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ON HUTCHINSON'S TREATMENT OF  
GONORRHOEA—A SATISFACTORY  
PLAN OF DEALING WITH THIS  
DISEASE IN THE MALE.

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**On Hutchinson's Treatment of Gonorrhœa---A Satisfactory Plan of Dealing with this Disease in the Male.**

[By W. F. Arnold, M. D., Passed Assistant Surgeon U. S. Navy.]

"My treatment of gonorrhœa in all stages has for long been very monotonous. Almost without regard to stage or degree of severity, I prescribe the same remedies. I have long ago laid aside the traditions of my student days, which taught that salines only should be used in the acute stages, and that abortive plans were dangerous. I always use abortive measures, and mostly, I believe, succeed. At any rate, I never encounter ill-consequences, and complications are rare. My prescription is a partnership of three different remedies, and it is, I believe, important that they should all be used. First, an injection of solution of chloride of zinc, two grains to the ounce; next, sandalwood oil capsules, and, lastly, a purgative night-dose, with bromide of potassium. The injection is used three or four times a day; the capsules (10 or 20 minims) taken three times a day. The ingredients of the night-dose are three drachms of Epsom salts, and half a drachm of bromide of potassium. It is, I believe, the action of the last named in preventing congestion of the parts which makes the abortive measures safe. Moderate purgation and entire abstinence from stimulants are essential. If the case is very acute and attended by swelling of the corpus spongiosum, I sometimes prescribe tartar emetic or tincture of aconite, but it is very seldom indeed that these are necessary. If the patient be well purged, there is no risk whatever in an abortive treatment from the day that he comes under treatment. The risk of orchitis, prostatitis, cystitis, etc., comes in cases which

have been allowed to develop rather than in those treated abortively. I should as soon think of delaying to use local measures in gonorrhœa as I should in purulent ophthalmia."—*Jonathan Hutchinson's Archives of Surgery*, vol. III, page 236.

Some time ago I published\* the results of my experience with Jonathan Hutchinson's method of treating gonorrhœa in men; and, in my dissertation thereupon, I claimed that reasonably satisfactory progress to complete recovery and a practical immunity from complications and from the usual *sequelæ*, were attainable by adherence to it. My enthusiasm at that time afforded me much patronization upon which I exercised my patience. I recall now the advice to wait until I should have treated gonorrhœa acquired from Chinese women in China and gonorrhœa in the tropics before commending so highly any plan of treating it.

It is the object of the present note to emphasize everything contained in the paper referred to in commendation of this plan of treatment, and to set forth, as the basis of my statements, the results of my observations of gonorrhœa in the male subsequent to the date of that paper—April 15th, 1894.

The present account will deal with 50 cases; 36 were met with on cruising men-of-war, 8 were presented by civilians, and 6 have been observed to my satisfaction aboard my present ship.

\*Some Observations on Gonorrhœa in the Male.—"The Southern Practitioner," Nashville, Tennessee, June, 1894. Reprint.



From April 15th, 1894, to the first of the following August, I treated quite satisfactorily to myself and to my patients 7 cases on board a man-of-war, that I shall designate A; from and including August, 1894, until late in October, 1894, I treated 12 cases aboard another man-of-war, called, for present purposes, B. The cases that the crew of B acquired were derived in great part more or less directly from the motley throng that the Mid-Winter Fair had attracted to San Francisco; and the men of this ship's company may be fairly presumed to have lost by enforced continence much of the immunity to this disorder and of the (at present unnamed) influences that modify its severity, which repeated attacks at short intervals undoubtedly confer. (I am not unaware that the latest views of Bumm—in Veit's "Handbuch der Gynaekologie," 1897—admit only immunity for the particular attack and for the given, special stock of the organism by means of, possibly, functional changes in the protoplasm of the regenerated epithelial cells. But, being willing to trust something to the statements of experimenters perhaps as indefatigable as that author, and certainly no whit less practical in their methods of acquiring knowledge, I am content to await with all confidence the formal announcement of the reversal of this decision.) The cases that they presented were treated under circumstances that cannot be called favorable to the treatment by any stretch of construction, as the ship was either on blue water or in a port within the tropics throughout their entire course. Nevertheless, only one patient, a fireman, was excused from duty; he was allowed a respite for 4 days after I had reduced a rather severe paraphimosis. A patient that was incompletely treated by the junior medical officer of the ship—without the injection, as nearly as I remember—developed orchitis and peritonitis and narrowly escaped death; and a month later another member of this crew, who had treated himself for several weeks before Hutchinson's treatment was applied was admitted to the sick list 5 days after this treatment had been adopted, and a fortnight after I had been transferred to another ship. The entire sum of disabilities aboard the ship B from gonorrhœa that was acquired in the quarter of this year from July to October, are represented by these 3 cases, which gave 44 sick days. I claim exemption from all but four (4) days of this disability for patients treated according to Mr. Hutchinson's plan.

Aboard C, as I shall designate the last cruising vessel on which I served, a crew of less than 150 men and officers somewhat inured to service in Oriental countries afforded 17 cases of gonorrhœa in nine months' sojourn in China and two months' in Japan. In the preceding year there had been about 30 cases aboard this ship. I take this from an unofficial record of the venereal cases that were met with throughout the entire cruise of the vessel that I found on board without an owner; the number of complications, etc., that they yielded are shown in the accompanying table.

Not one of the cases that I treated aboard C afforded either complication or sequel. Two men were excused from duty—one for two (2) and the other for six (6) days—in order to permit them to care for themselves, as there was not, at that time, an attendant of the slightest special training in the medical department of that ship. A landsman that was transferred to her from the flagship developed orchitis the same week in which he came aboard; but he confessed to having treated himself for three weeks prior to his transfer to my ship. I bore a case of gonorrhœa-rheumatism upon the records of this vessel for a month; the patient had been left by one of our men-of-war in a civil hospital in a port in which my ship spent some time alone. Hence only eight (8) days' loss of service in a year may be properly charged against my 17 gonorrhœa patients, and this small matter is a solecism in my practice.

CASES	SHIP B			SHIP C		
	1893	1894	1895	1894	1895	1896
			1st 6 M			1st 6 M
Orchitis and Epididymitis...	6	16	8	4	.....	1
Abscess and Adenitis .....	2	.....	.....	.....	.....	.....
Stricture .....	4	6	.....	1	.....	.....
Gonorrhœa .....	1	2	12	5	2	.....
Gonorrhœal Rheumatism...	1	.....	4	.....	.....	1
Total sick days.....	125	221	251	103	8	37

This table shows the complications and *sequelæ* that resulted upon other approved plans of treatment on board the vessels designated B and C. Unfortunately I am not able to give the number of cases of gonorrhœa that presented on board these ships for the period covered by the table. I have avoided giving any clues as to the real names of the vessels to which I refer, as far as I could do this and use the material which they have afforded me. I wish to claim



nothing over their medical officers, who are of the very best that our Naval Service can furnish. Whatever credit may accrue hence is clearly Mr. Jonathan Hutchinson's.

It is not without interest to observe that the disability ascribable to this disease for the year 1895 for the entire Naval Service of the United States, appears to have been about 14,000 sick days. It stands fifth in importance, the list of diseases causing loss of service in the year 1895, malarial affections, grip, preceding it in the order given. There were more admission from wounds, sprains and contusions in the class of injuries than from this disease, whose admissions are given as 330, 57 cases of the number having been treated in the various naval hospitals. The complications and sequels of the cases of gonorrhœa are not returned so as to afford an idea of the proportion which they bore to the number of cases of the disease. These figures relate to an average strength of force of 13,191 men and officers, which afforded 158,495 sick days.

These considerations indicate to me that something more is necessary besides contagious-disease acts to increase the efficiency of the English-speaking military services. This is too large a question to be interjected here; although I must say, before I leave the subject, that I do not expect the improvement to come through the efforts of the White Cross League, of which the Archbishop of Canterbury is the President. (See "*The Lancet*," 1897, I., p. 1633.)

The average duration of the treatment in 43 of these cases was 23.1 days; in the remaining seven cases, it could not be ascertained for various reasons. Restrictions to the limit of the ship for about a week longer than this period was ordinarily insisted upon with the idea of protecting in a slight degree the companions (all too frequently the best ones, as bad as they are) of Jack's hours of liberty on shore.

One week's cessation of notable discharge from the urethra has served me constantly as my warrant for discontinuing all treatment except the injection; this I like to have continued for two weeks after all of the usual symptoms of gonorrhœa have subsided. This explanation must be considered in connection with the average length of the treatment.

For the sake of completeness in my records, I made (or procured) confirmation of the diagnosis with the microscope in 82 per cent. of these cases. In the course of these microscopical examina-

tions, I found a case of urethritis—it is not, of course, embraced in the foregoing account—that presented no gonococci. Instead, the pus from the urethra showed numerous bacilli; and a guinea-pig that had received a drop or two of it intravenously died on the third day in collapse, after severe diarrhœa. For that reason, I suspected infection with *Bacillus coli communis*, although I had not the opportunity to prove it by examining the blood and organs of the guinea-pig. I examined some pus that was derived from a woman's urethra for Dr. S. M. Mouser in San Francisco in 1894, and I found, in company with numerous cocci that were assumed to be the common pyogenic forms, the same bacillus, to all morphological appearances, that my sailorman had presented. No gonococci were found in this case either. It is possible that either one or both of these cases were of a piece with the two cases reported by Josipovice, in "*Centralblatt der Krankheiten der Harn und Sexualorganen*." Band Heft 10, p. 663, as having been caused by the colon bacillus. I am most sorry to have been unable to follow up more fully the two cases that I have mentioned; and I regret likewise my inability to obtain a specimen of the urethral discharge from a gentleman in Northern China, who claimed such discharge was due to the fact that his penis had suffered frost-bite in the winter of 1894-95.

No culture-tests were made in any of the cases dealt with in this article.

I may say that I have found the routine character of this treatment of the greatest usefulness in my experience, which embraces more than a hundred cases. The only addition that I have presumed to make has been the early and constant use of the suspensory bandage. I have never interfered with my patients' diet beyond stopping their beer.

I have not found the oil of sandalwood to disagree seriously with any of my patients further than to offend the senses of some fastidious Lotharios; but an intelligent pharmacist in Shanghai told me that he had seen a person or two that could not use it on account of the severe griping pains in the bowels that it invariably and immediately caused them. It is not an easy matter to get a pure article of this expensive stuff in this country; nevertheless our pharmacopœial tests are easily applied. The popularity of the Santal Midy capsules is proof positive of the value of the article in the treatment of gonorrhœa. While this preparation seems usually of



reasonable purity, it is most needlessly expensive and quite shamelessly advertised in the press and on dead-walls.

I have not found the injection to cause either pain at the time of using it or irritation subsequently, provided the urethra be not occluded by dressings, in spite of its unusual strength. In fact, I think that its strength is its chief recommendation; for I am convinced that the tenacious prejudices against all injections, at least in the early stages of the disease, owe their origin to superadded infections that were seen to have been caused by them. And small wonder, when they were so weak, to suit the irritated urethra, that they could hardly fail to carry infection along with them. As a rule, infection with the gonococcus alone does not give the worst cases of urethritis. I do not accredit the chloride of zinc with such specific germicidal powers over the gonococcus as I think must be yielded to silver nitrate in solutions of fair strength—say, from 1-100 upward. I should use (and sometimes I have used) the latter to extinguish at once a localized, accessible gonorrhœa, just as it is used to cure gonorrhœal ophthalmia, and to prevent the establishment of *ophthalmia neonatorum*. Still, I think that I know that zinc chloride will, in conjunction with the other agents named above, confine gonorrhœa in the male urethra to its anterior portion, and that it will cure it there in a reasonable time with positive certainty.

Holding this view, I give small heed to the numerous dispensary doctors' present laudations of Professor Jules Janet's method of vesical irrigations with very dilute solutions of potassium permangan-

ate. I reason that it is necessarily a dispensary treatment, and that it is doubtful whether the value of a return-irrigation (or an auto-irrigation) of an infected urethra with a solution of potassium permanganate that could not, before any reduction of its strength had resulted, have exerted a sensible action as a disinfectant, is superior to the same action by the patient's urine impregnated with oil of sandalwood or with products derived from it. Janet's adherents claim cures in ten days in all temperate patients; the proprietors of the Santal Midy capsules advertise publicly that their preparation will cure in just one-half of that time. I think that the decision of the merits of these contentions may safely be left to the future. Meantime, I commend the above plan of treating opprobrious clap to the much-insulted, "under-educated," general practitioner; to the military medical man both afield and afloat, and to such others as do not yet feel it their duty to administer manually all of the treatment to this "highest grade of parasitic adaptation to man."\*

U. S. Receiving Ship "Richmond," Navy Yard, League Island, Philadelphia, Pa., June 24, 1897.

\*While the foregoing was in the printer's hands, the first case of epididymitis occurred that I have known to follow the treatment commended above when applied in its entirety. I know now that its subject drank much raw spirit in the course of the treatment, which was begun on the fourth day after exposure and continued for two weeks. There are reasons for thinking that neither he nor my subordinate were as assiduous as they might have been in applying the treatment from which the suspensory bandage was omitted altogether, although the man was doing heavy work all of the time.

To offset this misadventure, a brother medical officer, who was doing my work during a temporary absence of mine, released one of my cases from restriction to the ship after only 10 days of treatment for a severe case of gonorrhœa upon the strength of mistaken representations. Although this man had a frightful debauch on shore from which he returned almost poisoned with bad liquor, he had no gonorrhœa.





